

Health Home Learning Collaborative

Habilitation

February 17, 2020

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

This Training is a Collaborative Effort Between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Habilitation.....Bill Ocker ITC
3. QuestionsAll
4. Open Discussion.....All

(Open discussion on current issues or barriers, potentially leading to future monthly topics)

Coming up:

- *March 16, 2020 2-3pm CMH Workflow/PMIC Transitions*
- *April No Webinar or FTF*
- *May 18, Risk Stratification/ Comprehensive Assessment for non-ICM*

Habilitation

- Medicaid program that pays for home and community based services for members with severe mental illnesses.
- Not a Medicaid Waiver but is similar to the waiver programs.
- Member must already be eligible for another Medicaid program. If member loses their Medicaid eligibility, they will lose the Habilitation program.

Eligibility

- Iowa Resident and US citizen or person of foreign birth with legal entry to the US.
- Determined eligible for a Medicaid Program.
- Household income does not exceed 150 percent of the Federal Poverty Level.
- Meet criteria as determined by needs based assessment, inter-RAI CMH or interRAI ChyMH
- There is no age restriction on the receipt of Habilitation Services; anyone who meets all eligibility requirements for the program can receive the service. However, the needs-based criteria are functional criteria that most likely would not be applicable to most younger children regardless of disability. Adolescents who are transitioning from children's services to adult services would likely benefit from the program without the need to make an abrupt transition at the age of eighteen.

Eligibility

- The member meets at least one of the following risk factors:
 - Undergone or currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime.
 - History of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than hospitalization.

Eligibility

- Meets at least two of the following criteria on a continuing or intermittent basis for at least two years:
 - Is unemployed, or employed in a shelter setting, or have limited skills and a poor work history
 - Requires financial assistance for out of hospital maintenance and may be unable to procure this assistance without help
 - Shows severe inability to establish or maintain a personal social support system.
 - Requires help in basic living skills such as self-care, money management, housekeeping, cooking, or medication management.
 - Exhibits inappropriate social behavior that results in demand for intervention.

Criteria

- Determined by the IME to be able to live in a home or community-based setting where all medically necessary service needs can be met.
- Case managed by the Integrated Health Home (IHH), unless the member has Habilitation and Waiver at the same time. The Waiver Community Based Case Manager will coordinate both programs in these cases.
- Has a service plan developed by an IHH or Waiver Community Based Case Manager in cooperation with the member.
- Social history completed annually.

Application Process

- IHH submits a completed assessment (inter-RAI CMH or inter-RAI CyMH) and social history to the MCO per their process.
- MCO will review the information and submit to IME via IMPA upload
- IME reviews the information submitted to determine if member meets:
 - One of the two risk factors
 - Two of five criteria
- If member is with an MCO, the MCO will notify the HH of the approval for habilitation.
- The HH is responsible to notify the member of the approval for habilitation services per NOD.

Approval vs. Denial

- If member is approved, HH will notify the member and set up an Interdisciplinary Team Meeting to identify providers and possible services and complete Person Centered Service Plan (PCSP) with in 30 days of approval.
- If member is denied, the HH is responsible to provide the member the Notice of Decision, along with IME appeal information.

Interdisciplinary Team (IDT)

- Once member is approved for Habilitation by IME, the IHH would then schedule the IDT meeting with the member within 30 days of the approval.
- The member with the support of the IDT determines the:
 - Services that are needed
 - Amount of service to be provided
 - Providers of the services.
- The IDT meeting will be attended by the member, family, IHH care coordinator, service providers, and other professional or support persons of the member choosing.
- The service plan needs to be signed and dated by the member or the member's guardian, IHH care coordinator and the service providers.

Implementation of Services

- The service plan must be signed and in place before implementation of services.
- Authorizations for services:
 - FFS member – the service plan recorded in the Individualized Services Information System (ISIS) authorizes FFS payment for Habilitation services.
 - MCO's – MCO must authorize the service via the submission of the service plan.
- Authorization for services are available to providers on the MCO portals or faxed/mailed to them.

Habilitation Services

- In order to receive Habilitation services, an approved Habilitation provider must be available to provide the services.
- Habilitation service providers must have training regarding or experience with persons who have mental health diagnoses.
- Habilitation services cannot be simultaneously reimbursed with another HCBS Medicaid waiver service or a Medicaid service.
- Habilitation services cannot be provided when a member is inpatient in a medical institution.
- HCBS Setting Requirements must be maintained and followed. IHH CC plays a very important role in ensuring the settings where HCBS is provided to the member is in an integrated community based setting and documented in the members service plan.

Home-Based Habilitation (HBH)

- Designed to assist the member with daily living needs. Assistance may include, but is not limited to:
 - Adaptive skill development,
 - Assistance with activities of daily living,
 - Community inclusion,
 - Transportation (except to and from a day program),
 - Adult educational supports, social and leisure skill development,
 - Personal care,
 - Protective oversight and supervision.

Home-Based Habilitation (HBH)

- Provides 1 to 24 hours of support per day based on the individual's needs. Services are tiered based on need.
- Members can receive HBH in the family home, the guardian's home or other typical community settings, such as an apartment.
- Cannot be provided in the provider's home.
- Integrate all living arrangements into the community.
- Typical and preferred living unit may include one to four persons.

Home-Based Habilitation (HBH) Tier Levels

Tier	Procedure Code & Modifier	Hours of Supervision per Day
Intensive III	H2016 U9	17- 24 hours
Intensive II	H2016 U8	13 – 16.75 hours
Intensive I	H2016 UD	9 – 12.75 hours
Medium Need	H2016 UC	4.25 – 8.75 hours
Recovery Transitional	H2016 UB	2.25 – 4 hours
High Recovery	H2016 UA	.25 – 2 hours

Locate additional information regarding the tiers at:

<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?020420202031>

Day Habilitation

- Can be provide in Full Day (T2020) and 15 minute increments (T2021)
- Service consists of regularly scheduled activities in a non residential setting.
- Purpose is to provide assistance with self-help, socialization and adaptive skills to enhance ADL, social development and community participation..

Employment Services

- ❖ **Prevocational Hourly T2015 Fee Schedule \$10.00/hr.**
- ❖ **Career Exploration (New Service) T2015 U3** Fee Schedule
\$38.27/hr.
- ❖ **Individual Long term Job Coaching** (If needed for job stabilization)
 - Tier 1 = 1 Contact / Month H2025 U4 Fee Schedule \$67.67/mo.
 - Tier 2 = 2-8 Hrs./Month H2025 U3 Fee Schedule \$361.58/mo.
 - Tier 3 = 9-16 Hrs./Month H2025 U5 Fee Schedule \$722.15/mo.
 - Tier 4 = 17-25 Hrs./Month H2025 U7 Fee Schedule \$1,129.18/mo.
 - Tier 5 = 26+ Hrs./Month H2025 UC Fee Schedule \$45.16/hr.
- ❖ **Supported Employment - Small Group**
 - Tier 1 = Groups of 2-4 H2023 U3 Fee Schedule Per person, \$2.84/15 min. unit
 - Tier 2 = Groups of 5-6 H2023 U5 Fee Schedule Per person, \$1.77/15 min. unit
 - Tier 3 = Groups of 7-8 H2023 U7 Fee Schedule Per person, \$1.26/15 min. unit
- ❖ **Individual Supported Employment T2018 UC**
 - Fee Schedule \$66.13/hr.
 - For additional information, reference the Employment PowerPoint from January 2020

Career Exploration

- ✓ Known as “career planning”
- ✓ Person – centered, comprehensive employment plan and support service providing assistance to HAB waiver members
- ✓ To obtain, maintain or advance in competitive employment or self – employment
- ✓ Time – limited service
 - 34 hours over 90 days
- ✓ Outcome of service
 - Documentation of career objective and plan to guide individual employment support
 - Sustained employment at or above minimum wage
 - Integrated setting in general workforce (Integrated Employment in a Competitive environment [I.C.E.])

Individual Supported Employment

Benefits Education	Job Seeking skills training	Other employment support services
Career Exploration	Outreach to employers	Systematic instruction & support/on-the-job
Employment assessment	Job Analysis	Engagements of natural emp. Supports
Assistive technology assessment	Identifying and arranging transportation	Assistive technology solutions during initial period of employment
Trial Work Experience	Career advancement services	Transportation of member during serv. Hours.
Person-centered Employment planning	Reemployment services (if needed)	Initial on-the-job training to stabilize
Development of resumes	Financial literacy	

Person-centered planning process leads to a person-centered care plan

- Health Home State Plan Amendments (SPA) Policy
 - IHH Providers shall develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services, in collaboration with the lead entity or IME*.
 - It is updated annually and more frequently as needed
 - For members with Habilitation or CMH waiver (ICM), there are specific requirements
- (<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/federal-documents>)

Person-Centered Plan: Expectations

Care plans will meet the standards of the accrediting or licensing body of the IHH parent organization and incorporate person-centered values and activities.

Person-Centered Planning: Definition

- Person-Centered planning is a holistic, recovery oriented process, directed by the individual, building on the individual's strengths, capacities, preferences, needs and desired outcomes of the individual.
- When done thoughtfully, person-centered planning creates a space of empowerment – a level playing field – that allows for consideration of personal preferences as well as health and safety needs, without unnecessarily restricting freedoms. The best person-centered planning helps people experience recovery and live safe, healthy, successful, self-determined, integrated lives in their home and community.
- When referencing “Individual” it's understood that parents/guardians are the decision-makers for the actual individual receiving the services. Before making decisions, the voice of the “Individual” is taken into consideration.

Person-Centered Planning: Why

- Gives respect to individuals
- Engages individuals in their own health care
- Improves care
- Utilizes strength-based philosophy
- It's the right thing to do

Person-Centered Planning: Philosophy

Person-centered service planning requires:

- The time needed to learn what is important to the individual and to support the individual in having control over the process and content
- Strengths-based development, language, and writing

Person-Centered Planning: Philosophy

Person-centered service planning requires:

- Commitment to the individual
- An individual-driven process that includes people who the individual wants to be involved with the planning process
- A plan that the individual cares about and includes the goals of the individual in his or her own words

Person-Centered Planning: Outcomes

Quality person-centered service plans will ensure that planning leads to important outcomes

- People have control over the lives they have chosen for themselves
- People are recognized and valued for their contributions (past, current, and potential) to their communities
- People live the lives they want

Renewal of Habilitation

- IHH is responsible to complete the annual level of care along with social history and submit to the MCO
- MCO will review submitted documentation. If approved, IHH will be notified. MCO submit LOC dates to IME to be uploaded into IMPA.
- If MCO does not feel members meets the requirements, MCO will submit information to IME for determination. IME makes the determination if a member is no longer eligible for the service.
- See Hab matrix for additional information

Reopening Hab Line

- Member lost their Medicaid eligibility & it is restored
 - Member receives a notice of decision that Medicaid is being cancelled. The Habilitation program will close at same time
 - Medicaid is restored, Habilitation eligibility is NOT automatically restored.
 - IHH needs to notify MCO that member would like to continue to receive hab and to reopen the Habilitation line
 - MCO will reach out to IME to request Habilitation line to be reopened, weekly.
 - Note this process is the same for members who have entered and left a nursing facility

Ending Habilitation Eligibility

- IME initiated eligibility termination
 - For MCO members, the MCO is notified by IME when a member no longer meets certain eligibility requirements (i.e. financial eligibility). MCOs are then responsible for notifying the Health Home.
 - Health Homes are responsible for tracking ongoing member eligibility.

Ending Habilitation Eligibility

- MCO can ONLY request habilitation line be closed with IME, when member or legal representative, requests to terminate the service.
- All other closures or cancellations are related to eligibility and should occur
 - with month end closures
 - At time of member's annual Medicaid redetermination & annual Habilitation needs based eligibility redetermination.

Habilitation Guidelines

- Fee for Service
<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?012920202046>
- Iowa Total Care
 - Pending
- Amerigroup Habilitation Services Criteria
 - [https://providers.amerigroup.com/ProviderDocuments/IAIA CAID HabilitationUtilizationManagementGuidelines.pdf](https://providers.amerigroup.com/ProviderDocuments/IAIA_CAID_HabilitationUtilizationManagementGuidelines.pdf)

Habilitation Matrix

- This is a guide to navigate how IME, AG and ITC processes for habilitation such as
 - Notification of interest to Apply for Habilitation
 - Initial Assessment – Completion of the Core Standardized Assessment
 - Social History
 - Initial Eligibility Determination & Communication of Decision
 - Annual Redetermination
 - Continued Eligibility Determination & Communication of Decision
 - Timeframes for Review & Determination
 - Disenrollment from Habilitation – Member Initiated
 - Loss of Medicaid Eligibility
 - Process for reinstating Habilitation if Medicaid is lost 60 days or less
 - Health Home Transfers
 - Service Authorization Process, Reauthorizations, Service Changes – Provider/Member Initiated, Utilization Management Process, Communication to Habilitation Providers

Resources

- Statewide Transition Plan (HCBS Settings)
<https://dhs.iowa.gov/ime/about/initiatives/HCBS/TransitionPlans>
- Home Based Habilitation Tier Rates
https://dhs.iowa.gov/sites/default/files/Habilitation_Home-Based_Habilitation_Service_Tiers.pdf?021020201805
- Habilitation Services Provider Manual
<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?020420202031>
Can locate Home Based Habilitation Tier Utilization Criteria – starting page 24b -25

Spotlight

- Community Support Advocates

Questions ???

Thank you!